

Permit Fees _____
 Filing Fee _____
 TOTAL _____

Application # _____
 Date Submitted _____
 Date Approved _____

~ ~ Town of Calais Zoning Permit Application ~ ~

Applicant _____ **Property Owner** _____

Address _____ **Property Address** _____

Phone (H) _____ **(W)** _____

Tax Parcel ID No. _____

E-Mail Address _____

Acreage _____

Feet of Road Frontage _____

A. Proposed Development - construction, addition, etc. - attach narrative page if necessary

Include footprint and dimensions of proposed construction

B. Proposed Change of Use, Conditional Use, or Right of Way

C. Minor Subdivision - see Article 6 - especially 6.2 (c) 1 State permit #

Major Subdivision - see Article 6 - especially 6.2 (c) 2 State permit #

CHECK BELOW FOR OTHER NECESSARY PERMITS OR FORMS

Application is not complete without approved Curb Cut and Septic Permits

	Permit No.	Approval Date
Curb Cut Permit - from Selectboard		
Septic Permits - from Town Sewage Officer		
State Septic Permits - required for subdivision		
Conditional Use <input type="checkbox"/>	Change of Use <input type="checkbox"/>	
Variance <input type="checkbox"/>	Right of Way <input type="checkbox"/>	

D. CHECK YOUR ZONING DISTRICT AND OVERLAY DISTRICT

ZONING DISTRICT	
Village	
Rural Residential	
Resource Recreational	
Shoreland	

OVERLAY DISTRICT	
None	
Floodplain	
Upland	
Design Control District	

E. Present Building(s)

	length	width	height	bdrms	baths	use(s)